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www.publichealth.lacounty.gov

December 18, 2012

ADOPTED

BOARD OF SUPERVISORS COUNTY OF LOS ANGELES

25 December 18, 2012

SACHI A. HAMAI
EXECUTIVE OFFICER



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The Honorable Board of Supervisors County of Los Angeles 383 Kenneth Hahn Hall of Administration 500 West Temple Street Los Angeles, California 90012

Dear Supervisors:

APPROVAL TO EXECUTE THREE SOLE SOURCE CONTRACTS FOR THE HIV/AIDS INTEGRATED BEHAVIORAL HEALTH PREVENTION AND CARE PROGRAM EFFECTIVE UPON DATE OF EXECUTION THROUGH SEPTEMBER 29, 2014

SUBJECT

Request approval to execute three sole source contracts to support the Department of Public Health's HIV/AIDS Integrated Behavioral Health Prevention and Care Program

IT IS RECOMMENDED THAT THE BOARD:

- 1. Delegate authority to the Director of the Department of Public Health (DPH), or his designee, to execute sole source contracts with the following agencies to implement the Integrated Behavioral Health Prevention and Care (IBHPC) program: a) Saint John's Well Child and Family Center (St. John's); b) The Regents of California, University of California Los Angeles (Regents-UCLA) that includes any modification provision for mutual indemnification; and c) Neva E. Chauppette, Psychology (Dr. Chauppette), as identified in Attachment A, effective upon date of execution through September 29, 2014, for a total maximum obligation of \$1,470,696; 100 percent offset by the Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) funds, subject to review and approval by County Counsel and review and approval of any modifications or amendments to standard County insurance and indemnification provisions by the Chief Executive Office (CEO) Risk Management (RM) Operations, and notification to your Board and the CEO.
- 2. Delegate authority to the Director of DPH, or his designee, to execute amendments to the three contracts that adjust the term through March 31, 2015; allow the rollover of unspent contract funds; and/or provide an increase or decrease in funding up to 10 percent above or below each term's

The Honorable Board of Supervisors 12/18/2012 Page 2

annual base maximum obligation, effective upon amendment execution or at the beginning of the applicable contract term, and make corresponding service adjustments, as necessary, subject to review and approval by County Counsel, and notification to your Board and the CEO.

- 3. Authorize and instruct the Director of DPH, or his designee, to execute amendments to the contracts that revise or incorporate provisions consistent with all applicable State and/or federal laws and regulations, County Ordinances, and Board policy, subject to review and approval by County Counsel.
- 4. Delegate authority to the Director of DPH, or his designee, to execute change notices to the contracts that authorize modifications to or within budget categories within each budget, and corresponding service adjustments, as necessary; changes to hours of operation and/or service locations; and/or corrections of errors in the contract's terms and conditions.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the recommended actions in this Board letter will allow DPH to contract with agencies to implement the IBHPC program in SPA 6, as outlined in a SAMHSA grant approved by the Board on April 10, 2012.

Approval of Recommendation 1 will allow DPH to execute sole source contracts with three agencies: St. John's, Regents-UCLA, and Dr. Chauppette. These agencies were identified in DPH's grant proposal to SAMHSA as agencies identified to successfully and effectively implement the IBHPC program. Under the program, St. John's will provide medical, dental, and mental health services, including a range of counseling, case management, and education programs targeted to children, youth, and adults who are affected by poverty, race, mental illness, substance abuse, HIV/AIDS, or homelessness. St. John's will provide services at two locations within Service Planning Area (SPA) 6. The Regents-UCLA will implement an evaluation component of the IBHPC program and provide behavioral medicine consultation, training, and technical assistance to DPH's Division of HIV and STD Programs (DHSP). This contract includes any modification provision for mutual indemnification. Dr. Chauppette will support the IBHPC program by assisting in the integration of substance abuse treatment, substance abuse prevention, mental health treatment, and HIV treatment and prevention services with primary medical care in clinic sites.

In April 2011, SAMHSA released a Request for Applications (RFA) for IBHPC services which would expand the availability of comprehensive behavioral health programs, including mental health and substance use prevention and treatment, within primary medical care settings in geographically disenfranchised and underserved areas, especially for people of color and sexual minorities. Health jurisdictions that were already funded by the Centers for Disease Control and Prevention (CDC) Enhanced Comprehensive HIV Prevention Planning (ECHPP) grants were eligible to apply. As a current ECHPP grantee, DPH decided to apply for the grant.

In order to comply with the RFA's requirement that the program be implemented in geographically disenfranchised and underserved areas, DPH focused its proposal on providing services in SPAs 4 and 6, which SAMHSA had identified in the RFA as "blighted" areas. Additionally, as part of the grant, proposers had to identify agencies that would provide the services. DPH conducted a scan of provider sites within SPAs 4 and 6 that have the capability to implement the IBHPC program, which includes operating established, separate, primary care clinics and mental health programs as well as having the ability expand services to include substance use treatment services.

The Honorable Board of Supervisors 12/18/2012 Page 3

Upon completion of the scan, DPH identified the Los Angeles Gay and Lesbian Center (LAGLC) in SPA 4 and St. John's in SPA 6 as the only two agencies that met both the geographical and programmatic requirements. Although there are other agencies in the County that operate primary care clinics and behavioral health programs, they did not qualify under the program grant requirements, as their clinics were outside of the targeted areas of SPAs 4 and 6. Subsequent to identifying LAGLC as a proposed provider, however, DPH learned that LAGLC would receive funding to provide the services directly from SAMHSA. In light of this, LAGLC was not included in DPH's final proposal, only St. John's

In order to further strengthen the grant application, DPH included an evaluation component and identified the Regents-UCLA as a partner to assist in the development of the evaluation of the clinical training and addiction medicine components of the proposed program to ensure that the new program is grounded in best practices. The Regents-UCLA were identified based on their subject matter expertise and their experience in conducting thorough and informative evaluations on similar services.

Collectively, the Regents-UCLA collaborators on this proposed contract have over 30 years of experience working with local publicly funded clinics and community-based organizations (CBOs) that serve African-American and Latino adults that are at high-risk for HIV or living with HIV. The Regents-UCLA has developed evidence-based interventions for substance users and populations atrisk for HIV, which have been adopted by CBOs locally and nationally. The Regents-UCLA collaborators are actively engaged with grassroots networks and CBOs targeting racial and sexual minorities, who are also the target population of the IBHPC program. Their work on, and development of, Contingency Management interventions that are utilized in the IBHPC program is nationally recognized and their expertise in co-morbidities with substance use and HIV make them uniquely qualified and experienced to assist DPH and St. Johns with this project.

Finally, in order to fulfill the training and technical assistance requirements of the grant, DPH identified Dr. Chauppette to provide these services. In November 2009, Dr. Chauppette was identified through an Invitation for Bids to provide similar services regarding substance use prevention and treatment. In response to that bid process, Dr. Chauppette was the only entity that submitted a bid. Services under that contract ended in August 2012. Under DPH's grant proposal to SAMHSA, Dr. Chauppette would provide technical and training assistance for both mental health and substance use services.

Approval of Recommendation 2 will allow DPH to execute amendments to the contracts to adjust the term through March 31, 2015; rollover unspent funds; and/or increase or decrease funding up to 10 percent above or below the annual base maximum obligation, effective upon amendment execution or at the beginning of the applicable contract term, and make corresponding service adjustments, as necessary. This recommended action will enable DPH to amend contracts to adjust the term for a period of up to six months beyond the expiration date. Such amendments will only be executed if and when there is an unanticipated extension of the term of the applicable grant funding to allow additional time to complete services and utilize grant funding. This authority is being requested to enhance DPH's efforts to expeditiously maximize grant revenue, consistent with Board Policy 4.070: Full Utilization of Grant Funds.

Recommendation 2 will also enable DPH to amend contracts to allow for the provision of additional units of funded services that are above the service level identified in the current contract and/or the inclusion of unreimbursed eligible costs, based on the availability of grant funds and grant funder approval. While the County is under no obligation to pay a contractor beyond what is identified in the

The Honorable Board of Supervisors 12/18/2012 Page 4

original executed contract, the County may determine that the contractor has provided evidence of eligible costs for qualifying contracted services and that it is in the County's best interest to increase the maximum contract obligation as a result of receipt of additional grant funds or a determination that funds should be reallocated. This recommendation has no impact on net County cost.

Approval of Recommendation 3 will allow DPH to execute amendments to the contracts to incorporate provisions consistent with all applicable State and/or federal laws and regulations, County Ordinances, and Board policy.

Approval of Recommendation 4 will allow DPH to execute change notices to the contracts that authorize modifications to or within budget categories within each budget, and corresponding service adjustments, as necessary; changes to hours of operation and/or service locations; and/or corrections of errors in the contract's terms and conditions

<u>Implementation of Strategic Plan Goals</u>

The recommended actions support Goal 3, Integrated Services Delivery, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The maximum obligation for the contracts is \$1,470,696, effective upon date of execution through September 29, 2014; 100 percent offset by SAMHSA funds.

Funding for these contracts has been included in DPH's Final Adopted Budget for fiscal year (FY) 2012-13 and will be requested in future FYs, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

In April 2011, SAMHSA released RFA Number SM-11-006 titled, "Minority AIDS Initiative Targeted Capacity Expansion: Integrated Behavioral Health/Primary Care Network Cooperative Agreements". The RFA was directed to health jurisdictions already funded by ECHPP with the purpose of expanding the availability of comprehensive behavioral health programs, including mental health and substance use prevention and treatment, within primary medical care settings in geographically disenfranchised and underserved areas, especially for people of color and sexual minorities. In addition, SAMHSA required that only existing and credentialed organizations with demonstrated infrastructure and expertise and the ability to provide the required services quickly and effectively be submitted for consideration. According to the RFA guidelines, proposing agencies were required to identify sub grantees in the application. Due to the short turnaround time to submit the application; DPH was unable to release a solicitation for services and therefore subsequently began scanning current medical providers in the target areas of South Los Angeles (SPAs 4 and SPA 6), who also provide mental health services and have the infrastructure to expand services to include substance abuse services and integration of those services into their primary care clinic.

On June 16, 2011, DPH submitted its application in response to the RFA identifying LAGLC as a service provider in SPA 4, and St. John's in SPA 6. The decision was based on the fact that both agencies met geographical and programmatic requirements of the grant since both have established, but separate, primary care clinics and mental health programs located within the SAMHSA-identified "blighted" areas of SPAs 4 and 6.

The Honorable Board of Supervisors 12/18/2012 Page 5

In September 2011, DPH was notified of its award for the IBHPC Program. DPH subsequently negotiated with SAMHSA to remove LAGLC from the proposed program plan, since DPH found out that LAGLC received a separate award from the County's Department of Mental Health for integrated mental health services, thereby eliminating the need for SAMHSA-supported services in that geographic area.

On April 10, 2012, your Board authorized DPH's acceptance of the SAMHSA funds to support the IBHPC program for the period of September 30, 2011 through September 29, 2014. At that time, DPH indicated that it would return to your Board to seek approval to enter into contracts with the agencies identified in the grant proposal.

On October 29, 2012, your Board was notified of DPH's intent to enter into negotiations for a Board-approved sole source contract in excess of \$250,000.

The recommended contracts will be reviewed and approved as to form by County Counsel. CEO RM Operations will review and approve any modifications or amendments to standard County insurance and indemnification provisions prior to execution of the agreements. Attachment A provides information about the contracts. Attachments B, C, and D are the signed Sole Source Checklists.

CONTRACTING PROCESS

As previously stated, St. John's, The Regents-UCLA, and Dr. Chaupette were identified to implement the IBHPC program in DPH's grant proposal to SAMHSA, which was awarded to DPH in September 2011. These agencies have the capability to administer IBHPC program in Los Angeles County as identified by DPH in a timely and efficient manner. Therefore, DPH recommends establishing sole source contracts with all three agencies to provide these services.

<u>IMPACT ON CURRENT SERVICES (OR PROJECTS)</u>

Approval of the recommended actions will allow DPH to award new contracts to support the IBHPC program and provide comprehensive behavioral health services in SPA 6, that include mental health screening and treatment, substance use screening and treatment, substance use prevention, addiction medicine, and HIV testing to eliminate barriers, reduce health disparities, decrease HIV risk and incidence, and improve health outcomes.

The Honorable Board of Supervisors 12/18/2012 Page 6

Respectfully submitted,

Jonathan & Fielding

JONATHAN E. FIELDING, M.D., M.P.H. Director and Health Officer

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Enclosures

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH DIVISION OF HIV AND STD PROGRAMS FELANYIODAL HEALTH AND EDIMADOY CADE (IBLIDAY) SOLI E CALLIDAY

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ATTACHMENT B

SOLE SOURCE CHECKLIST

SAINT JOHN'S WELL CHILD AND FAMILY CENTER HIV/AIDS INTEGRATED BEHAVIORAL HEALTH PREVENTION AND CARE PROGRAM

Check (✓)	JUSTIFICATION FOR SOLE SOURCE PROCUREMENT OF SERVICES
	Identify applicable justification and provide documentation for each checked item.
	Only one bona fide source for the service exists; performance and price competition are not available.
	> Quick action is required (emergency situation)
	Proposals have been solicited but no satisfactory proposals were received.
	Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.
	Maintenance service agreements exist on equipment which must be serviced by the authorized manufacturer's service representatives.
	> It is most cost-effective to obtain services by exercising an option under an existing contract.
	> It is the best interest of the County (e.g., administrative cost savings, too long a learning curve for a new service provider, etc.).
1	> Other reason. Please explain:
	DPH is recommending Saint John's Well and Child Family Center (St. John's) as a sole source provider to implement the Integrated Behavioral Health Prevention and Care (IBHPC) program because St. John's is the only provider in the targeted geographic area (Service Planning Area [SPA] 6)
	serving the target population, as set forth by the Substance Abuse and Mental Health Service Administration (SAMHSA) grant requirements.
	In response to a Request For Application released by SAMSHA to integrate primary care clinics with behavioral health programs, DHSP conducted a scan of provider sites in SPA 6, identified by SAMHSA as a "blighted" area, to
	develop a competitive application that addressed the requirements of the grant and the needs of the County. As a result, DPH identified St. John's.
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	11/28/12
	Sheila Shima Deputy Chief Executive Officer, CEO

ATTACHMENT C SOLE SOURCE CHECKLIST REGENTS OF CALIFORNIA, UNIVERSITY OF CALIFORNIA LOS ANGELES HIV/AIDS INTEGRATED BEHAVIORAL HEALTH PREVENTION AND CARE PROGRAM

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	 Only one bona fide source for the service exists; performance and price competition are not available.
	> Quick action is required (emergency situation)
	> Proposals have been solicited but no satisfactory proposals were received.
	Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.
	Maintenance service agreements exist on equipment which must be serviced by the authorized manufacturer's service representatives.
	> It is most cost-effective to obtain services by exercising an option under an existing contract.
	 It is the best interest of the County (e.g., administrative cost savings, too long a learning curve for a new service provider, etc.). Other reason. Please explain:
	Due to the Regents of California, University of California Los Angeles' (Regents, UCLA) experience in program evaluation and the short turnaround time for DPH to submit its funding application to the Substance Abuse and Mental Health Services Administration (SAMHSA), DPH identified Regents, UCLA as a sole source provider to implement the evaluation component of the Integrated Behavioral Health Prevention and Care (IBHPC) program. DPH identified UCLA as a partner to assist in the development of the clinical training, addiction medicine, and evaluation components of the program to ensure the program is grounded in best practices. UCLA has a long history of providing technical expertise in the areas of substance use and mental health, especially to racial, ethnic and sexual minorities. The UCLA collaborators have over 30 years of collective experience in working with local publicly-funded clinics and community-based organizations (CBOs) serving African-American and Latino adults at high risk for HIV or living with HIV. UCLA has developed evidence-based interventions for substance users and populations at-risk for HIV, which have been adopted by CBOs locally and nationally. The UCLA collaborators are actively engaged with grassroots networks and CBOs targeting racial and sexual minorities, who are also the target population of the IBHPC program. Their work on, and development of, contingency management interventions that are utilized in the IBHPC program is nationally recognized and their expertise in co-morbidities with substance use and HIV
	make them uniquely qualified to assist DPH and St. Johns with this project. Shella Shima Deputy Chief Executive Officer, CEO

SOLE SOURCE CHECKLIST
DR. NEVA CHAUPPETTE
HIV/AIDS INTEGRATED BEHAVIORAL HEALTH PREVENTION AND CARE PROGRAM

Check (√)	JUSTIFICATION FOR SOLE SOURCE PROCUREMENT OF SERVICES
	Identify applicable justification and provide documentation for each checked item.
	Only one bona fide source for the service exists; performance and price competition are not available.
	> Quick action is required (emergency situation)
	> Proposals have been solicited but no satisfactory proposals were received.
	Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.
	Maintenance service agreements exist on equipment which must be serviced by the authorized manufacturer's service representatives.
	It is most cost-effective to obtain services by exercising an option under an existing contract.
	It is the best interest of the County (e.g., administrative cost savings, too long a learning curve for a new service provider, etc.).
	DPH has identified Dr. Neva Chauppette (Dr. Chauppette) to assist with the technical assistance and training component of the Integrated Behavioral Health Prevention and Care (IBHPC) program that was awarded to DPH by the Substance Abuse and Mental Health Services Administration (SAMHSA). Dr. Chauppette was previously identified as a sole, qualified provider subsequent to the completion of an Invitation for Bids in November 2009, when DPH was looking for a qualified contractor to provide similar technical assistance training on methamphetamine prevention and treatment training to DPH funded substance abuse providers. Dr. Chauppette was the only bid submitted at that time and services under that contract ended in August 2012. DPH is seeking to continue with the technical assistance and training expertise of Dr. Chauppette on this grant, to expand on her expertise to include technical assistance and training on mental health issues. Under DPH's grant proposal to SAMHSA, Dr. Chauppette was the person identified to provide the technical and training assistance for both mental health and substance use services in partnership with the Regents-UCLA. Due to the short turnaround deadline of the grant application, DPH did not have time to solicit for these services. Given the unique skill set and background of Dr. Chauppette, who has over 15 years of experience providing addiction and mental health care, DPH determined Dr. Chauppette was the best person to provide quidance for the implementation of this IBHPC program.
	Sheila Shima Deputy Chief Executive Officer CEO Date

Attachment D Sole Source Checklist